

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4		1				
5		1				
6						
7						
8						
9		1		1		
10				1		
11						
12	1					
13		1				
14			1			
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	1					
29		1				
30		1				
31	1		(1)			
32			(1)			
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL IND.

3

TOTAL DEP.

8

TOTAL CLAIMS

11



TOTAL IND.

3

TOTAL DEP.

8

TOTAL CLAIMS

11

